SAVANNAH RIVER SITE INTERNSHIP & FACULTY PARTICIPANT PROGRAM

Administered by the Medical University of South Carolina, Special Programs Office

UNDERGRADUATE AND GRADUATE INTERNSHIP PARTICIPATION APPLICATION FORM

We are pleased that you are interested in the U.S. Department of Energy's (DOE) Savannah River Site Internship & Faculty Participant Program (I&FP), an opportunity for undergraduate, graduate, and postgraduate students, as well as university faculty to perform research with Savannah River Site (SRS) scientific staff while gaining first hand experience in their field of study. Appointments are available during the summer as well as other parts of the academic year, on both a full and part-time basis.

Current areas of appointment include, but are not limited to; physical sciences, life sciences, engineering, environmental, computer science, mathematics, general business, and liberal arts.

The I&FP Program is administered for Savannah River Nuclear Solutions (SRNS) by the Medical University of South Carolina (MUSC), Special Programs Office through a cooperative agreement with the South Carolina Universities Research and Education Foundation (SCUREF). The Special Programs Office staff assists SRNS with the distribution of application forms, helps program applicants in the completion of these forms, and assists SCUREF in making payments to appointed students for their internships. SRNS makes all decisions regarding the approval and discontinuation of appointments.

THE APPLICATION PROCESS

The application form is divided into five parts: personal contact information, educational background (including official transcripts), employment information, applicant data, and reference forms. It is important that the application be completed in full. Applicants are welcome to contact the MUSC Special Programs Office for clarification of application requirements and/or guidance in completing and submitting these forms.

It is important that at least one of your two references come from a faculty member who is familiar with your academic performance and potential. Additional references can come from persons familiar with your employment experiences.

In order to maintain an unbiased view of your abilities, please have the individuals send your completed reference forms directly to the Special Programs Office. A reference may be returned with the student application if it is placed in a sealed envelope with the referee's signature across the seal. Please make sure that your name is printed clearly on the top of each form. You may want to address the envelope to the Special Programs Office and affix the postage to make it more convenient for your referee.

Official transcripts of your current post-secondary academic work is required. Transcripts should be mailed or faxed from the college registrar's office directly to the MUSC Special Programs Office. Transcripts forwarded by the applicant in a registrar's sealed envelope are also acceptable. The Special Programs Office will require official transcripts from previous institutions if there is any question about the completeness of the academic record presented for review.

If you are a prospective freshman and do not have college transcripts then you will need to submit your high school transcript(s) instead. You must also send a copy of your letter of acceptance from the college where you will be matriculating to the Special Programs Office.

As soon as your application is complete, including all supporting documents, it will be reviewed. Acceptable candidates must be citizens of the United States. In addition, you must have current university cumulative GPA of 2.5 or above on your most recent transcripts. If approved, your application will be submitted to SRNS for their consideration. The Special Programs Office will notify you when your application has been forwarded to SRNS.

The process followed by SRNS to identify an appropriate internship position for each applicant can take several months. If you have questions concerning your status at any time during the application process, you may contact the MUSC, Special Programs Office by phone, 843-792-0832, or e-mail: huchet@musc.edu.

THE APPOINTMENT PROCESS

Internship appointments are made for a defined period of time and the remuneration rate is based on the appointee's major area of study and academic grade level, which is determined by cumulative college/university hours earned. When the appointment is approved by SRNS the applicant will receive an appointment letter as well as "terms and conditions" of the appointment from the Special Programs Office. The applicant should review these documents carefully before signing. The applicant is encouraged to retain a copy of the signed agreements and appointment letter. The original signed agreement documents must be returned to the Special Programs Office.

<u>Please note:</u> Appointees that are attending school must provide the MUSC, Special Programs Office with a current transcript at the end of <u>each</u> academic term in order to demonstrate continued satisfactory academic performance, which generally means maintenance of a GPA of 2.5 or better. It is the appointee's responsibility to make sure the Special Programs Office has received an official transcript each term.

It is the applicant's responsibility to inform the MUSC Special Programs office of any address, telephone, and/or email changes.

SAVANNAH RIVER SITE INTERNSHIP & FACULTY PARTICIPANT PROGRAM

Administered by the Medical University of South Carolina, Special Programs Office

UNDERGRADUATE AND GRADUATE INTERNSHIP PARTICIPATION APPLICATION FORM

| Date: | | | | | | |
|--|------------------------------------|----------------------------|------------------------|--|--|--|
| Name:First | Middle | | Last | | | |
| Are you a U.S. Citizen? Yes (| | stricted to U.S. citizens) |) | | | |
| ocial Security Number: Date of birth: | | | | | | |
| MAILING ADDRESS: (Permanent | t Address) | | | | | |
| Address: | | | | | | |
| City: | State: | | _Zip Code: | | | |
| Home Ph: () | Cell Ph: () | Email | Address: | | | |
| Applicant's Home State (perma | nent residence of applicant): | | | | | |
| (Optional - Please fill in the information of the College Address, good through Address: | ough, 20 | | | | | |
| City: | | | | | | |
| School Ph: () | Email A | ddress: | | | | |
| Availability Dates (Dates you wil | l be available for an internship a | ppointment at SRS) | | | | |
| From:month/day. | To: | month/day/year | _ | | | |
| EDUCATION INFORMATION | | | | | | |
| Post-secondary Schools* | Dates Attended | <u>Major</u> | <u>Degree Obtained</u> | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Undergraduate GPA (Based or | n 4 pt. Scale): | | | | | |

^{*}High school seniors who have been accepted for college enrollment may apply for internships. A high school transcript is required as well as a copy of the college's letter of acceptance.

EMPLOYMENT INFORMATION

(Please begin with your most recent or current employment. Attach additional sheets as necessary.)

| 1. | Place of Employment: |
|----|----------------------|
| | Supervisor: |
| | Position Held: |
| | Responsibilities: |
| | Dates of Employment: |
| | Reason for Leaving: |
| 2. | Place of Employment: |
| | Supervisor: |
| | Position Held: |
| | Responsibilities: |
| | Dates of Employment: |
| | Reason for Leaving: |
| | cascon .cocasg. |
| 3. | Place of Employment: |
| | Supervisor: |
| | Position Held: |
| | Responsibilities: |
| | Dates of Employment: |
| | Reasons for Leaving: |
| 4. | Place of Employment: |
| | Supervisor: |
| | Position Held: |
| | Responsibilities: |
| | Dates of Employment: |
| | Reasons for Leaving: |

PROGRAM NOTES

An application cannot be considered complete until an official transcript is received from the institution you have most recently attended. If your most recent transcript does not include a record of the courses you took and the grades you received at a previous institution, then you must request a transcript be sent to Special Programs Office from every school attended earlier. Please refer to cover letter for additional guidance.

The Applicant Data Form is voluntary. We request that you fill this form out, but it is not required.

A minimum of two personal references are required, at least one of which must come from a faculty member (forms included). References should be either sent directly to the Special Programs Office by the person giving the reference or forwarded to the Special Programs Office in a sealed envelope).

Appointments will only be granted to students who have an undergraduate GPA of 2.5 or above.

You may attach a resume as a substitution for the "Employment Information" portion of this application.

It is the applicant's responsibility to inform the MUSC Special Programs office of any address, telephone, and/or email changes.

| Signature | Date | | | | |
|--|------|--|--|--|--|
| () I have requested a transcript from these schools: () I have requested personal references, including at least one from a faculty member. | | | | | |
| Application checklist: | | | | | |

(In providing this signature, the applicant recognizes that the Medical University of South Carolina, the South Carolina Universities Research and Education Foundation, and the program sponsor, Savannah River Nuclear Solutions, have the right to verify all information contained in this application. Any false or misleading statements made by the applicant may result in either the removal of the application or termination of an internship.)

Send completed application form and any attachments to:

Medical University of South Carolina Special Programs Office, I&FP Program 19 Hagood Avenue, HOT 304-H4 MSC 851 Charleston, SC 29425-8510

Tel. (843) 792-0832 Fax (843) 792-0235

SAVANNAH RIVER SITE INTERNSHIP & FACULTY PARTICIPANT PROGRAM

Administered by the Medical University of South Carolina, Special Programs Office

APPLICANT DATA

This form is voluntary.

Applicant data are important in assessing the effectiveness of our efforts to solicit applications form a diverse population. Your completion and submission of this form will assist us in this regard; however, if you do not wish to do so, your choice will not affect any decision regarding your application. We appreciate your cooperation.

| lame:Date: | | | | |
|--------------------------|----------------|------------------------------|--|--|
| Program Applied For:_ | | | | |
| Race: (Please check one) | () | White (Non-Hispanic) | | |
| | () | Black (Non-Hispanic) | | |
| | () | Hispanic or Latino/a | | |
| | () | American Indian or Alaskar | n Native | |
| | () | Asian | | |
| | () | Pacific Islander or Native H | awaiian | |
| | () | Other (please list): | | |
| Birth Date: |) Female | | | |
| | | | ental impairment that substantially limits one mobility impairment? ()Yes () | |
| Are you currently servir | ng in a branc | h of the U.S. Armed Forces, | or are you a Veteran? | |
| () Currently | y serving in t | he | (list military branch). | |
| () Yes, I ar | n a veteran o | of the | (list military branch). | |
| () No, I hav | ve never ser | ved in the U.S. Armed Forces | S. | |

Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in hiring, promotion, discharge pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex or national origin.

(Please duplicate this form as needed.) Confidential Reference for: Name of student intern applicant How long have you known the applicant? In what association have you known the applicant? Below Average Above Outstanding Superior Inadequate Personal Characteristics Observation Average Average Imagination and Originality of Thought Ability to Work with Others Leadership Potential Independence and Self-reliance Growth During Total Period Observed Motivation Toward a Productive Career Ability to Communicate (Written/Oral) Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential for success to perform at a high level at a college or university. Please comment on both the applicant's weak and strong points. Use additional sheets if necessary. Comments: Signature: Date: Typed/Printed Name: Title:

SRS STUDENT INTERNSHIP PARTICIPANT PROGRAM REFERENCE FORM

RETURN To:

Address:

Medical University of South Carolina Special Programs Office, I&FP Program 19 Hagood Avenue, HOT 304-H4 MSC 851 Charleston, SC 29425-8510 Tel. (843) 792-0832 Fax (843) 792-0235

(Please duplicate this form as needed.) Confidential Reference for: Name of student intern applicant How long have you known the applicant? In what association have you known the applicant? Below Average Above Outstanding Superior Inadequate Personal Characteristics Observation Average Average Imagination and Originality of Thought Ability to Work with Others Leadership Potential Independence and Self-reliance Growth During Total Period Observed Motivation Toward a Productive Career Ability to Communicate (Written/Oral) Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential for success to perform at a high level at a college or university. Please comment on both the applicant's weak and strong points. Use additional sheets if necessary. Comments: Signature: Date: Typed/Printed Name: Title:

SRS STUDENT INTERNSHIP PARTICIPANT PROGRAM REFERENCE FORM

RETURN To:

Address:

Medical University of South Carolina Special Programs Office, I&FP Program 19 Hagood Avenue, HOT 304-H4 MSC 851 Charleston, SC 29425-8510 Tel. (843) 792-0832 Fax (843) 792-0235